

**DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERAL AND STATE FUNDS**

REQUEST FOR FUNDS

Section I Applicant/Agency Information

A. Services to be Provided:				
B. Legal Applicant/Agency Name:				
Doing Business As:				
Registered with Secretary of State	Circle One: Not Registered / Registered			
C. Federal EIN # or SS #:				
D. Mailing Address: (Street):				
City:		State:	IN	Zip Code:
E. Physical Address: (Street):				
City:		State:	IN	Zip Code:
F. Applicants Legal Status	Circle One: Not for Profit / Sole Proprietorship / For Profit / Partnership Other: (Please Describe):			
G. Chief Executive Officer:		Telephone:		
H. Financial Officer:		Telephone:		
I. Contact Person for Proposal:		Telephone:		
E-Mail Address:		Fax:		
J. Proposed Funding Period:	January 1, 2009 to June 30, 2011			
I certify that I have read the instructions in the Request for Proposals for Regional Child Welfare Services. I agree to comply with the information in the instructions, the assurances, and the service standards. I understand that this proposal will be rejected if it is incomplete, postmarked later than September 15, 2008, and/or is unsigned. I certify that the information contained in this proposal is true and accurately reflects the intent of this agency in delivery of services. I am the agency designee authorized to sign proposals on behalf of this agency.				
K. Authorized Signature:				
Printed Name:		Title:		
L. Date Submitted:				

SIGN IN BLUE INK ONLY

Submit an original (signed) proposal, one paper copy, and one electronic copy
to each Regional Child Welfare Services Coordinator.
You must also forward an electronic copy
to each Regional Manager and each County DCS Director you are proposing to serve.

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Section II Service Unit Rate Definition

Agency: _____

Proposed Funding Period: January 1, 2009 to June 30, 2011 **Date Submitted** _____

Service Standard: _____

A: Contact Person for Services: _____ **Telephone:** _____

E-Mail Address: _____ **Fax:** _____

B: Define each billable service unit and rate

Service Unit Definition

Proposed

Component Code	Billable Units (From Service Standard)	Unit (Hour, Actual Cost, etc.)	Unit Rate
1.			
2.			
3.			
4.			
5.			

C: Show breakdown below of proposed types of service units, number of families/clients, and amount requested by county.

Number of Counties to be served:		Number of Families / Clients Served by these Units	
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County to be Served	Region 1-18	Total Number of requested Units (per county and component code)					Public Funds Requested
:		1	2	3	4	5	

Totals this service Standard:							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	

[illegible]